



SAU PO CENTRE ON AGEING, HKU
香港大學秀圃老年研究中心

JOCKEY CLUB GOLDEN AGE JOURNEY PROJECT

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Codebook and Usage

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In references:

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1 METADATA

userid	USERID
Section: Metadata	Type: Numeric

User Identification Number

2 TOPIC OF INTEREST

=====

int.emp_T0 TOPIC OF INTEREST - EMPLOYMENT
 Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Employment

0 No
 1 Yes

=====

int.lea_T0 TOPIC OF INTEREST - LEARNING
 Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Learning

0 No
 1 Yes

=====

int.vol_T0 TOPIC OF INTEREST - VOLUNTEERING
 Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Volunteering

0 No
 1 Yes

=====

int.art_T0 TOPIC OF INTEREST - ARTS
 Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Arts

0 No
 1 Yes

int.edu_T0 TOPIC OF INTEREST - EDUCATION
Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Education

0 No
1 Yes

int.ent_T0 TOPIC OF INTEREST - ENTERTAINMENT
Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Entertainment

0 No
1 Yes

int.hea_T0 TOPIC OF INTEREST - HEALTH
Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Health

0 No
1 Yes

int.spo_T0 TOPIC OF INTEREST - SPORTS
Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Sports

0 No
1 Yes

int.tra_T0 TOPIC OF INTEREST - TRAVEL
Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Travel

0 No
1 Yes

int.fin_T0 TOPIC OF INTEREST - FINANCE
Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Finance

0 No
1 Yes

int.ewb_T0 TOPIC OF INTEREST - EMOTIONAL WELL-BEING
Section: Topic of interest Type: Numeric

Please select a topic you are interested in to help us recommend relevant events and information for you (you can choose more than one item): Emotional well-being

0 No
1 Yes

3 UPSKILLING

=====
 upskill.cog_T0 UPSKILLING - COGNITION
 Section: Upskilling Type: Numeric

Please select a domain you would like to upskill (you can choose more than one item): Cognition (memory, cognitive ability)

0 No
 1 Yes

=====
 upskill.phy_T0 UPSKILLING - PHYSICAL FITNESS
 Section: Upskilling Type: Numeric

Please select a domain you would like to upskill (you can choose more than one item): Physical fitness (exercise and eating habits, lifestyle)

0 No
 1 Yes

=====
 upskill.soc_T0 UPSKILLING - SOCIAL
 Section: Upskilling Type: Numeric

Please select a domain you would like to upskill (you can choose more than one item): Social (number of friends, frequency of social activities, social participation)

0 No
 1 Yes

=====
 upskill.aut_T0 UPSKILLING - AUTONoMY NEEDS
 Section: Upskilling Type: Numeric

Please select a domain you would like to upskill (you can choose more than one item): AutoNomy needs (personal decision, self-actualization)

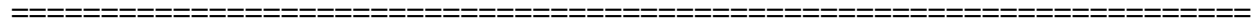
0 No
 1 Yes



upskill.com_T0 UPSKILLING - COMPETENCE NEEDS
Section: Upskilling Type: Numeric

Please select a domain you would like to upskill (you can choose more than one item):
Competence needs (life skills, job competence)

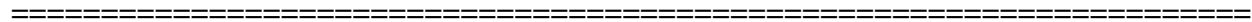
- 0 No
- 1 Yes



upskill.fin_T0 UPSKILLING - FINANCE
Section: Upskilling Type: Numeric

Please select a domain you would like to upskill (you can choose more than one item): Finance
(financial management, kNowledge of financial management)

- 0 No
- 1 Yes



upskill.men_T0 UPSKILLING - MENTAL
Section: Upskilling Type: Numeric

Please select a domain you would like to upskill (you can choose more than one item): Mental
(character, life values, emotional management)

- 0 No
- 1 Yes

4 SECTION A1

A1.mem_T0 MEMORY ABILITY
Section: A1 Type: Numeric

How do you think your current memory is?

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent

A1.memdis_T0 MEMORY-RELATED DISORDER
Section: A1 Type: Numeric

Remarks: Only those who answered POOR in *A1.mem_T0* need to answer this question

Has your doctor told you that you have a memory-related disorder?

- 1 No
- 2 Yes

A1.dement_T0 DEMENTIA
Section: A1 Type: Numeric

Remarks: Only those who answered POOR in *A1.mem_T0* need to answer this question

Did your doctor tell you that you have dementia?

- 1 No
- 2 Yes

5 SECTION B1

=====

B1.lov1_T0

LIST OF VALUES - SENSE OF BELONGING

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Sense of belonging

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

=====

B1.lov2_T0

LIST OF VALUES - EXCITEMENT

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Excitement

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

 B1.lov3_T0

LIST OF VALUES - WARM RELATIONSHIPS

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Warm relationships with others

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

 B1.lov4_T0

LIST OF VALUES - SELF-FULFILLMENT

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Self-fulfillment

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

 B1.lov5_T0

LIST OF VALUES - BEING RESPECTED

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Being well respected

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

 B1.lov6_T0

LIST OF VALUES - ENJOYMENT

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Fun and enjoyment of life

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

B1.lov7_T0

LIST OF VALUES - SECURITY

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Security

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

B1.lov8_T0

LIST OF VALUES - SELF-RESPECT

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Self-respect

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

 B1.lov9_T0

LIST OF VALUES - ACCOMPLISHMENT

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Sense of accomplishment

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

 B1.lov10_T0

LIST OF VALUES - LEISURE

Section: B1

Type: Numeric

Please rate the importance of following value on a scale from 1 to 9, with one labeled “very unimportant” and nine labeled “very important”: Leisure activity

- | | |
|---|------------------|
| 1 | Very unimportant |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | Very important |

B1.lovimp_T0

LIST OF VALUES - MOST IMPORTANT LOV

Section: B1

Type: Numeric

Please rate the most import list of values.

- 1 Sense of belonging
- 2 Excitement
- 3 Warm relationships with others
- 4 Self-fulfillment
- 5 Being well respected
- 6 Fun and enjoyment of life
- 7 Security
- 8 Self-respect
- 9 Sense of accomplishment
- 10 Leisure activity

6 SECTION B2

=====

B2.repath1_T0

RETIREMENT PATH - QUESTION 1

Section: B2

Type: Numeric

Take this simple quiz to determine which category best matches you. Do you usually

- 1 A. Enjoy travelling to new places?
- 2 B. Seek out friends wherever you go?
- 3 C. Stick to the same group you've been in for years?
- 4 D. Take each day as it comes?
- 5 E. Prefer to be alone?

=====

B2.repath2_T0

RETIREMENT PATH - QUESTION 2

Section: B2

Type: Numeric

Take this simple quiz to determine which category best matches you. For leisure time, do you usually

- 1 A. Seek out new and challenging activities?
- 2 B. Try an activity, and if it doesn't suit you, drop it and try something else?
- 3 C. Continue the same hobbies you've always had?
- 4 D. Finally take the time to "smell the roses"?
- 5 E. Not have hobbies or outside interests?

=====

B2.repath3_T0

RETIREMENT PATH - QUESTION 3

Section: B2

Type: Numeric

Take this simple quiz to determine which category best matches you. Is your current job or activity

- 1 A. Very different from anything you have ever done before?
- 2 B. Prompting you to look elsewhere for more challenges?
- 3 C. The enjoyable, satisfying way in which you spend your time?
- 4 D. Enjoyable, but without urgency and concern with the end result?
- 5 E. Overwhelming?

B2.repath4_T0

RETIREMENT PATH - QUESTION 4

Section: B2

Type: Numeric

Take this simple quiz to determine which category best matches you. If a project doesn't work our, do you usually

- 1 A. Begin something new?
- 2 B. Not mind; you will explore other options?
- 3 C. Try again, but in the same, or allied field?
- 4 D. Take a deep breath and relax?
- 5 E. Give up and look no further?

7 SECTION C1

=====

C1.aaiemp1_T0 AAI EMPLOYMENT - QUESTION 1
Section: C1 Type: Numeric

Did you do any paid work in the 7 days ending Sunday the [date], either as an employee or as self-employed?

- 1 No
- 2 Yes

=====

C1.aaiemp1_T0 AAI EMPLOYMENT - QUESTION 2
Section: C1 Type: Numeric

Will you do any paid work in the next 7 days ending Sunday the [date], either as an employee or as self-employed?

- 1 No
- 2 Yes

8 SECTION C2

=====
C2.aaisoc1_T0

AAI SOCIAL PARTICIPATION - QUESTION 1

Section: C2

Type: Numeric

How often did you do unpaid voluntary work through the following organizations in the last 12 months?

Community and social services (e.g., organizations helping the elderly, young people, disabled or other people in need).

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week

=====
C2.aaisoc2_T0

AAI SOCIAL PARTICIPATION - QUESTION 2

Section: C2

Type: Numeric

How often did you do unpaid voluntary work through the following organizations in the last 12 months?

Educational, cultural, sports or professional associations.

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week

=====
C2.aaisoc3_T0

AAI SOCIAL PARTICIPATION - QUESTION 3

Section: C2

Type: Numeric

How often did you do unpaid voluntary work through the following organizations in the last 12 months?

Social movements (for example environmental, human rights) or charities (for example fundraising, campaigning).

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week

C2.aaisoc_oth_T0

AAI SOCIAL PARTICIPATION - QUESTION 4

Section: C2

Type: Numeric

How often did you do unpaid voluntary work through the following organizations in the last 12 months?

Other voluntary organizations.

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week

C2.aaisoc_oth_t_T0

AAI SOCIAL PARTICIPATION - QUESTION 5

Section: C2

Type: Character

How often did you do unpaid voluntary work through the following organizations in the last 12 months?

Other voluntary organizations. Please specify.

C2.aailea1_T0

AAI LEARNING - QUESTION 1

Section: C2

Type: Numeric

Did you attend any courses, seminars, conferences or received private lessons or instructions within or outside the regular education system within the past 12 months?

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week

C2.aaicon1_T0

AAI SOCIAL CONNECTEDNESS - QUESTION 1

Section: C2

Type: Numeric

How often do you socially meet with friends, relatives or colleagues in the past 12 months?

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week

=====
 C2.aaicon2_T0

AAI SOCIAL CONNECTEDNESS - QUESTION 2

Section: C2

Type: Numeric

How often do you meet new friends via social media in the past 12 months?

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week

=====
 C2.aaipol1_T0

AAI POLITICAL PARTICIPATION - QUESTION 1

Section: C2

Type: Numeric

Over the last 12 months, have you attended a meeting of a trade union, a political party or political action group?

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week
- 5 Refuse to answer

=====
 C2.aaipol1_T0

AAI POLITICAL PARTICIPATION - QUESTION 1

Section: C2

Type: Numeric

Over the last 12 months, have you attended a meeting of a trade union, a political party or political action group?

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week
- 5 Refuse to answer

C2.aaipol2_T0

AAI POLITICAL PARTICIPATION - QUESTION 2

Section: C2

Type: Numeric

Over the last 12 months, have you attended a protest or demonstration?

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week
- 5 Refuse to answer

C2.aaipol3_T0

AAI POLITICAL PARTICIPATION - QUESTION 3

Section: C2

Type: Numeric

Over the last 12 months, have you signed a petition, including e-mail or on-line petition?

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week
- 5 Refuse to answer

C2.aaipol4_T0

AAI POLITICAL PARTICIPATION - QUESTION 4

Section: C2

Type: Numeric

Over the last 12 months, have you contacted a politician or public official (other than routine contact arising from use of public services)?

- 1 Not at all
- 2 One to three times per month
- 3 At least once per month
- 4 At least once per week
- 5 Refuse to answer

C2.aaipol5_T0

AAI POLITICAL PARTICIPATION - QUESTION 5

Section: C2

Type: Numeric

Over the last 12 months, have you voted (e.g., Legislative Council election, District Council election, or corporation election)?

- 1 Yes
- 2 No

C2.aaifam1_T0

AAI CAREGIVING FOR FAMILY - QUESTION 1

Section: C2

Type: Numeric

Over the last 6 months, how often are you involved in caring for adult (i.e., aged 18 years or above) children and/or grandchildren?

- 1 Not at all
- 2 One to three times per month
- 3 One to two times per week
- 4 Three to four times per week
- 5 Five to seven times per week

C2.aaifam2_T0

AAI CAREGIVING FOR FAMILY - QUESTION 2

Section: C2

Type: Numeric

Over the last 6 months, how often are you involved in caring for children and/or grandchildren (aged below 18 years)?

- 1 Not at all
- 2 One to three times per month
- 3 One to two times per week
- 4 Three to four times per week
- 5 Five to seven times per week

C2.aaidis1_T0

AAI CAREGIVING FOR DISABLED PERSONS - QUESTION 1

Section: C2

Type: Numeric

Over the last 6 months, how often are you involved in caring for family members with disabilities (aged below 60 years)?

- 1 Not at all
- 2 One to three times per month
- 3 One to two times per week
- 4 Three to four times per week
- 5 Five to seven times per week

=====
 C2.aaidis2_T0

AAI CAREGIVING FOR DISABLED PERSONS - QUESTION 2

Section: C2

Type: Numeric

Over the last 6 months, how often are you involved in caring for family members with disabilities (aged 60 years or above)?

- 1 Not at all
- 2 One to three times per month
- 3 One to two times per week
- 4 Three to four times per week
- 5 Five to seven times per week

=====
 C2.aaidis3_T0

AAI CAREGIVING FOR DISABLED PERSONS - QUESTION 3

Section: C2

Type: Numeric

Over the last 6 months, how often are you involved in caring for people with disabilities (non-family members who aged below 60 years)?

- 1 Not at all
- 2 One to three times per month
- 3 One to two times per week
- 4 Three to four times per week
- 5 Five to seven times per week

=====
 C2.aaidis4_T0

AAI CAREGIVING FOR DISABLED PERSONS - QUESTION 4

Section: C2

Type: Numeric

Over the last 6 months, how often are you involved in caring for people with disabilities (non-family members who aged 60 years or above)?

- 1 Not at all
- 2 One to three times per month
- 3 One to two times per week
- 4 Three to four times per week
- 5 Five to seven times per week

9 SECTION C3

C3.hea1_T0 HEALTH CONDITION - QUESTION 1
Section: C3 Type: Numeric

Whether had doctor consultation during the month before enumeration?

- 1 No
- 2 Yes

C3.hea2_T0 HEALTH CONDITION - QUESTION 2
Section: C3 Type: Numeric

Whether had doctor consultation during the month before enumeration / type of doctor consulted?
Government practitioners (including general practitioners and specialists, but excluding practitioners in accident and emergency units)

- 0 No
- 1 Yes

C3.hea3_T0 HEALTH CONDITION - QUESTION 3
Section: C3 Type: Numeric

Whether had doctor consultation during the month before enumeration / type of doctor consulted?
Private practitioners of Western medicine (including general practitioners and specialists, but excluding practitioners in accident and emergency units)

- 0 No
- 1 Yes

C3.hea4_T0 HEALTH CONDITION - QUESTION 4
Section: C3 Type: Numeric

Whether had doctor consultation during the month before enumeration / type of doctor consulted?
Practitioners of Chinese medicine (including acupuncturists, herbalists and bone-setters)

- 0 No
- 1 Yes

C3.hea5.T0

HEALTH CONDITION - QUESTION 5

Section: C3

Type: Numeric

Whether had doctor consultation during the month before enumeration / type of doctor consulted?
Practitioners in accident and emergency units

- 0 No
- 1 Yes

C3.hea6.T0

HEALTH CONDITION - QUESTION 6

Section: C3

Type: Numeric

Whether had doctor consultation during the month before enumeration / type of doctor consulted?
Others (including dentists)

- 0 No
- 1 Yes

C3.hea7.T0

SLEEPING CONDITION

Section: C3

Type: Numeric

How would you rate your general sleeping status?

- 1 Very poor
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good

C3.aaiacc1.T0

AAI ACCESS TO HEALTH AND DENTAL CARE

Section: C3

Type: Numeric

Over the last 12 months, have you had any physical, dental, or psychological needs for
examination or treatment that were not met?

- 1 No
- 2 Yes

C3.whofive1_T0

WHO (FIVE) WELL-BEING INDEX - QUESTION 1

Section: C3

Type: Numeric

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

1. I have felt cheerful and in good spirits.

- 1 At no time
- 2 Some of the time
- 3 Less than half of the time
- 4 More than half of the time
- 5 Most of the time
- 6 All of the time

C3.whofive2_T0

WHO (FIVE) WELL-BEING INDEX - QUESTION 2

Section: C3

Type: Numeric

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

2. I have felt calm and relaxed.

- 1 At no time
- 2 Some of the time
- 3 Less than half of the time
- 4 More than half of the time
- 5 Most of the time
- 6 All of the time

C3.whofive3_T0

WHO (FIVE) WELL-BEING INDEX - QUESTION 3

Section: C3

Type: Numeric

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

3. I have felt active and vigorous.

- 1 At no time
- 2 Some of the time
- 3 Less than half of the time
- 4 More than half of the time
- 5 Most of the time
- 6 All of the time

C3.whofive4_T0

WHO (FIVE) WELL-BEING INDEX - QUESTION 4

Section: C3

Type: Numeric

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

4. I woke up feeling fresh and rested.

- 1 At no time
- 2 Some of the time
- 3 Less than half of the time
- 4 More than half of the time
- 5 Most of the time
- 6 All of the time

C3.whofive5_T0

WHO (FIVE) WELL-BEING INDEX - QUESTION 5

Section: C3

Type: Numeric

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

5. My daily life has been filled with things that interest me.

- 1 At no time
- 2 Some of the time
- 3 Less than half of the time
- 4 More than half of the time
- 5 Most of the time
- 6 All of the time

10 SECTION C4

C4.fin_T0 SELF-PERCEIVED FINANCIAL STATUS
Section: C4 Type: Numeric

Please describe your current financial situation.

- 1 Very inadequate
- 2 Inadequate
- 3 Adequate
- 4 Very adequate

C4.aaisaf1_T0 AAI SAFETY
Section: C4 Type: Numeric

How safe do you - or would you - feel walking alone in this area (your local area or neighborhood) after dark?

- 1 Very unsafe
- 2 Unsafe
- 3 Safe
- 4 Very safe

11 SECTION D1

D1.bpnsfs1_T0 BPNSNF (AUTONOMY) - ITEM 1
Section: D1 Type: Numeric

1. I feel a sense of choice and freedom in the things I undertake.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D1.bpnsfs2_T0 BPNSNF (AUTONOMY) - ITEM 2
Section: D1 Type: Numeric

2. Most of the things I do feel like “I have to”.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D1.bpnsfs7_T0 BPNSNF (AUTONOMY) - ITEM 7
Section: D1 Type: Numeric

7. I feel that my decisions reflect what I really want.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

=====
 D1.bpnsfs8_T0 BPNSNF (AUTONOMY) - ITEM 8
 Section: D1 Type: Numeric

8. I feel forced to do many things I wouldn't choose to do.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

=====
 D1.bpnsfs13_T0 BPNSNF (AUTONOMY) - ITEM 13
 Section: D1 Type: Numeric

13. I feel my choices express who I really am.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

=====
 D1.bpnsfs14_T0 BPNSNF (AUTONOMY) - ITEM 14
 Section: D1 Type: Numeric

14. I feel pressured to do too many things.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

=====
 D1.bpnsfs19_T0 BPNSNF (AUTONOMY) - ITEM 19
 Section: D1 Type: Numeric

19. I feel I have been doing what really interests me.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D1.bpnsfs20_T0

BPNSNF (AUTONOMY) - ITEM 20

Section: D1

Type: Numeric

20. My daily activities feel like a chain of obligations.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

12 SECTION D2

=====
 D2.bpnsfs3_T0 BPNSNF (RELATEDNESS) - ITEM 3
 Section: D2 Type: Numeric

3. I feel that the people I care about also care about me.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

=====
 D2.bpnsfs4_T0 BPNSNF (RELATEDNESS) - ITEM 4
 Section: D2 Type: Numeric

4. I feel excluded from the group I want to belong to.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

=====
 D2.bpnsfs9_T0 BPNSNF (RELATEDNESS) - ITEM 9
 Section: D2 Type: Numeric

9. I feel connected with people who care for me, and for whom I care.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D2.bpnsfs10_T0 BPNSNF (RELATEDNESS) - ITEM 10
Section: D2 Type: Numeric

10. I feel that people who are important to me are cold and distant towards me.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D2.bpnsfs15_T0 BPNSNF (RELATEDNESS) - ITEM 15
Section: D2 Type: Numeric

15. I feel close and connected with other people who are important to me.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D2.bpnsfs16_T0 BPNSNF (RELATEDNESS) - ITEM 16
Section: D2 Type: Numeric

16. I have the impression that people I spend time with dislike me.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D2.bpnsfs21_T0 BPNSNF (RELATEDNESS) - ITEM 21
Section: D2 Type: Numeric

21. I experience a warm feeling with the people I spend time with.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D2.bpnsfs22_T0

BPNSNF (RELATEDNESS) - ITEM 22

Section: D2

Type: Numeric

22. I feel the relationships I have are just superficial.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

13 SECTION D3

D3.bpnsfs5_T0 BPNSNF (COMPETENCE) - ITEM 5
Section: D3 Type: Numeric

5. I feel confident that I can do things well.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D3.bpnsfs6_T0 BPNSNF (COMPETENCE) - ITEM 6
Section: D3 Type: Numeric

6. I have serious doubts about whether I can do things well.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D3.bpnsfs11_T0 BPNSNF (COMPETENCE) - ITEM 11
Section: D3 Type: Numeric

11. I feel capable at what I do.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D3.bpnsfs12_T0 BPNSNF (COMPETENCE) - ITEM 12
Section: D3 Type: Numeric

12. I feel disappointed with many of my performances.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D3.bpnsfs17_T0 BPNSNF (COMPETENCE) - ITEM 17
Section: D3 Type: Numeric

17. I feel competent to achieve my goals.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D3.bpnsfs18_T0 BPNSNF (COMPETENCE) - ITEM 18
Section: D3 Type: Numeric

18. I feel insecure about my abilities.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D3.bpnsfs23_T0 BPNSNF (COMPETENCE) - ITEM 23
Section: D3 Type: Numeric

23. I feel I can successfully complete difficult tasks.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

D3.bpnsfs24_T0

BPNSNF (COMPETENCE) - ITEM 24

Section: D3

Type: Numeric

24. I feel like a failure because of the mistakes I make.

- 1 Not true at all
- 2 2
- 3 3
- 4 4
- 5 Completely true

14 SECTION E1

=====

E1.occ1_T0	OCCUPATION
Section: E1	Type: Numeric

Longest full-time or part-time job ever:
Professionals and administrators

0	No
1	Yes

=====

E1.occ1_t.T0	OCCUPATION
Section: E1	Type: Characters

Longest full-time or part-time job ever:
Professionals and administrators (years)

=====

E1.occ2_T0	OCCUPATION
Section: E1	Type: Numeric

Longest full-time or part-time job ever:
Clerical support workers

0	No
1	Yes

=====

E1.occ2_t.T0	OCCUPATION
Section: E1	Type: Characters

Longest full-time or part-time job ever:
Clerical support workers (years)

=====

E1.occ3_T0 OCCUPATION
 Section: E1 Type: Numeric

Longest full-time or part-time job ever:

Service and sales workers

0 No
 1 Yes

=====

E1.occ3_t.T0 OCCUPATION
 Section: E1 Type: Characters

Longest full-time or part-time job ever:

Service and sales workers (years)

=====

E1.occ4_T0 OCCUPATION
 Section: E1 Type: Numeric

Longest full-time or part-time job ever:

Healthcare wokers

0 No
 1 Yes

=====

E1.occ4_t.T0 OCCUPATION
 Section: E1 Type: Characters

Longest full-time or part-time job ever:

Healthcare wokers (years)

=====

E1.occ5_T0 OCCUPATION
 Section: E1 Type: Numeric

Longest full-time or part-time job ever:

Fishery wokers

0 No
 1 Yes

E1.occ5_t.T0 OCCUPATION
Section: E1 Type: Characters

Longest full-time or part-time job ever:
Fishery wokers (years)

E1.occ6_T0 OCCUPATION
Section: E1 Type: Numeric

Longest full-time or part-time job ever:
Technical wokers

0 No
1 Yes

E1.occ6_t.T0 OCCUPATION
Section: E1 Type: Characters

Longest full-time or part-time job ever:
Technical wokers (years)

E1.occ7_T0 OCCUPATION
Section: E1 Type: Numeric

Longest full-time or part-time job ever:
Elementary occupations

0 No
1 Yes

E1.occ7_t.T0 OCCUPATION
Section: E1 Type: Characters

Longest full-time or part-time job ever:
Elementary occupations (years)

E1.occ8_T0 OCCUPATION
Section: E1 Type: Numeric

Longest full-time or part-time job ever:

Self-employed

0 No
1 Yes

E1.occ8_t.T0 OCCUPATION
Section: E1 Type: Characters

Longest full-time or part-time job ever:

Self-employed (years)

E1.occ9_T0 OCCUPATION
Section: E1 Type: Numeric

Longest full-time or part-time job ever:

Homemakers

0 No
1 Yes

E1.occ9_t.T0 OCCUPATION
Section: E1 Type: Characters

Longest full-time or part-time job ever:

Homemakers (years)

E1.occ10_T0 OCCUPATION
Section: E1 Type: Numeric

Longest full-time or part-time job ever:

Others

0 No
1 Yes

=====

E1.occ10_t_T0 OCCUPATION
Section: E1 Type: Characters

Longest full-time or part-time job ever:
Others (years)

=====

E1.occdesc_T0 OCCUPATION
Section: E1 Type: Characters

Please briefly talk about your career and work experience.

15 SECTION E2

=====

E2.aims1_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Physical challenge (e.g., taichi, swimming)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

=====

E2.aims2_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Stillness (e.g., writing, stamp collecting)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

=====

E2.aims3_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Intellectual challenge (e.g., playing jigsaw)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

E2.aims4_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:
Cooperative task (e.g., joining choir)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

E2.aims5_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:
Solo task (e.g., fishing)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

E2.aims6_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:
Philanthropic endeavor (e.g., volunteering)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

 E2.aims7_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Spiritual pursuit (e.g., yoga)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

 E2.aims8_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Creativity and artistic appreciation (e.g., drawing, painting)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

 E2.aims9_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Online browsing (e.g., news, website)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

E2.aims10_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Online entertainment (e.g., videos, podcasts, reading)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

E2.aims11_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Online shopping

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

E2.aims12_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Online financing

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

E2.aims13_T0

AIMS

Section: E2

Type: Numeric

Active interest in the past 6 months:

Social media use (e.g., WhatsApp, WeChat, Facebook)

- 1 Never
- 2 1-3 times per month
- 3 1-2 times per week
- 4 3-4 times per week
- 5 5-7 times per week

16 SECTION E3

E3.fsism2_T0 LEARNING STYLE
Section: E3 Type: Numeric

I would rather be considered

- 1 a. realistic.
- 2 b. innovative.

E3.fsism3_T0 LEARNING STYLE
Section: E3 Type: Numeric

When I think about what I did yesterday, I am most likely to get

- 1 a. a picture.
- 2 b. words.

E3.fsism5_T0 LEARNING STYLE
Section: E3 Type: Numeric

When I am learning something new, it helps me to

- 1 a. talk about it.
- 2 b. think about it.

E3.fsism6_T0 LEARNING STYLE
Section: E3 Type: Numeric

If I were a teacher, I would rather teach a course

- 1 a. that deals with facts and real life situations.
- 2 b. that deals with ideas and theories.

E3.fsism7_T0 LEARNING STYLE
Section: E3 Type: Numeric

I prefer to get new information in

- 1 a. pictures, diagrams, graphs, or maps.
- 2 b. written directions or verbal information.

E3.fsism8_T0 LEARNING STYLE
Section: E3 Type: Numeric

Once I understand

- 1 a. all the parts, I understand the whole thing.
- 2 b. the whole thing, I see how the parts fit.

E3.fsism11_T0 LEARNING STYLE
Section: E3 Type: Numeric

In a book with lots of pictures and charts, I am likely to

- 1 a. look over the pictures and charts carefully.
- 2 b. focus on the written text.

E3.fsism13_T0 LEARNING STYLE
Section: E3 Type: Numeric

In classes I have taken

- 1 a. I have usually gotten to know many of the students.
- 2 b. I have rarely gotten to know many of the students.

E3.fsism14_T0 LEARNING STYLE
Section: E3 Type: Numeric

In reading nonfiction, I prefer

- 1 a. something that teaches me new facts or tells me how to do something.
- 2 b. something that gives me new ideas to think about.

E3.fsism15_T0 LEARNING STYLE
Section: E3 Type: Numeric

I like teachers

- 1 a. who put a lot of diagrams on the board.
- 2 b. who spend a lot of time explaining.

E3.fsism18_T0 LEARNING STYLE
Section: E3 Type: Numeric

I prefer the idea of

- 1 a. certainty.
- 2 b. theory.

E3.fsism21_T0 LEARNING STYLE
Section: E3 Type: Numeric

I prefer to study

- 1 a. in a study group.
- 2 b. alone.

E3.fsism26_T0 LEARNING STYLE
Section: E3 Type: Numeric

When I am reading for enjoyment, I like writers to

- 1 a. clearly say what they mean.
- 2 b. say things in creative, interesting ways.

E3.fsism27_T0 LEARNING STYLE
Section: E3 Type: Numeric

When I see a diagram or sketch in class, I am most likely to remember

- 1 a. the picture.
- 2 b. what the instructor said about it.

E3.fsism28_T0 LEARNING STYLE
Section: E3 Type: Numeric

When considering a body of information, I am more likely to

- 1 a. focus on details and miss the big picture.
- 2 b. try to understand the big picture before getting into the details.

E3.fsism31_T0 LEARNING STYLE
Section: E3 Type: Numeric

When someone is showing me data, I prefer

- 1 a. charts or graphs.
- 2 b. text summarizing the results.

E3.fsism37_T0 LEARNING STYLE
Section: E3 Type: Numeric

I am more likely to be considered

- 1 a. outgoing.
- 2 b. reserved.

E3.fsism38_T0 LEARNING STYLE
Section: E3 Type: Numeric

I prefer courses that emphasize

- 1 a. concrete material (facts, data).
- 2 b. abstract material (concepts, theories).

E3.fslsm44_T0

LEARNING STYLE

Section: E3

Type: Numeric

When solving problems in a group, I would be more likely to

- 1 a. think of the steps in the solution process.
- 2 b. think of possible consequences or applications of the solution in a wide range of areas

17 SECTION F1

F1.lsns1.T0

LSNS-6

Section: F1

Type: Numeric

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc. In the past three months, how many relatives do you see or hear from at least once a month?

- 1 None
- 2 One
- 3 Two
- 4 Three or four
- 5 Five thru eight
- 6 Nine or more

F1.lsns2.T0

LSNS-6

Section: F1

Type: Numeric

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc. In the past three months, how many relatives do you feel at ease with that you can talk about private matters?

- 1 None
- 2 One
- 3 Two
- 4 Three or four
- 5 Five thru eight
- 6 Nine or more

F1.lsns3.T0

LSNS-6

Section: F1

Type: Numeric

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc. In the past three months, how many relatives do you feel close to such that you could call on them for help?

- 1 None
- 2 One
- 3 Two
- 4 Three or four
- 5 Five thru eight
- 6 Nine or more

F1.lsns4_T0

LSNS-6

Section: F1

Type: Numeric

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood
In the past three months, how many of your friends do you see or hear from at least once a month?

- 1 None
- 2 One
- 3 Two
- 4 Three or four
- 5 Five thru eight
- 6 Nine or more

F1.lsns5_T0

LSNS-6

Section: F1

Type: Numeric

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood
In the past three months, how many friends do you feel at ease with that you can talk about
private matters?

- 1 None
- 2 One
- 3 Two
- 4 Three or four
- 5 Five thru eight
- 6 Nine or more

F1.lsns6_T0

LSNS-6

Section: F1

Type: Numeric

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood
In the past three months, how many friends do you feel close to such that you could call on them
for help?

- 1 None
- 2 One
- 3 Two
- 4 Three or four
- 5 Five thru eight
- 6 Nine or more

18 SECTION G1

=====

G1.srh_T0 SELF-RATED HEALTH
 Section: G1 Type: Numeric

In general, how would you rate your health?

- 1 Very poor
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good

=====

G1.ill0_T0 ILLNESS
 Section: G1 Type: Numeric

Has the doctor told you that you have the following diseases?

None

- 0 No
- 1 Yes

=====

G1.ill1_T0 ILLNESS
 Section: G1 Type: Numeric

Has the doctor told you that you have the following diseases?

Hypertension

- 0 No
- 1 Yes

=====

G1.ill2_T0 ILLNESS
 Section: G1 Type: Numeric

Has the doctor told you that you have the following diseases?

Diabetes

- 0 No
- 1 Yes

G1.ill3_T0

ILLNESS

Section: G1

Type: Numeric

Has the doctor told you that you have the following diseases?

Arthritis

0 No

1 Yes

G1.ill4_T0

ILLNESS

Section: G1

Type: Numeric

Has the doctor told you that you have the following diseases?

Eye diseases

0 No

1 Yes

G1.ill5_T0

ILLNESS

Section: G1

Type: Numeric

Has the doctor told you that you have the following diseases?

High cholesterol

0 No

1 Yes

G1.ill6_T0

ILLNESS

Section: G1

Type: Numeric

Has the doctor told you that you have the following diseases?

Heart diseases

0 No

1 Yes

G1.ill7_T0

ILLNESS

Section: G1

Type: Numeric

Has the doctor told you that you have the following diseases?

Osteoporosis

0 No

1 Yes

G1.ill8_T0

ILLNESS

Section: G1

Type: Numeric

Has the doctor told you that you have the following diseases?

Diseases of the ear / nose / throat (ENT) (including nasal allergy / deafness / tinnitus)

0 No

1 Yes

G1.ill9_T0

ILLNESS

Section: G1

Type: Numeric

Has the doctor told you that you have the following diseases?

Respiratory diseases (including chronic diseases that did not require regular medical treatment)

0 No

1 Yes

G1.ill10_T0

ILLNESS

Section: G1

Type: Numeric

Has the doctor told you that you have the following diseases?

Stroke

0 No

1 Yes

G1.ill_oth_T0

ILLNESS

Section: G1

Type: Numeric

Has the doctor told you that you have the following diseases?

Others

0 No

1 Yes

G1.ill_oth.t_T0

ILLNESS

Section: G1

Type: Character

Has the doctor told you that you have the following diseases?

Others. Please specify.

19 SECTION G2

G2.heahab1_T0 HEALTHY HABIT
Section: G2 Type: Numeric

Whether had a habit of doing exercise regularly / frequency of doing exercise.

- 1 Never
- 2 Less than one day a week
- 3 One to two days a week
- 4 Three to six days a week
- 5 Every day

G2.heahab2_T0 HEALTHY HABIT
Section: G2 Type: Numeric

Number of fruits taken in week (unit *).

* One fruit equals to an average-sized orange or pear.

- 1 < 1
- 2 1 - 2
- 3 3 - 4
- 4 5 - 6
- 5 ≥ 7

G2.heahab3_T0 HEALTHY HABIT
Section: G2 Type: Numeric

Amount of vegetables taken daily.

- 1 Seldom
- 2 Less than half a bowl
- 3 Half to one bowl
- 4 More than one bowl

G2.heahab4_T0 HEALTHY HABIT
Section: G2 Type: Numeric

Whether had a smoking habit.

- 1 Every day
- 2 Not every day
- 3 Used to smoke every day, but had quitted at the time of survey
- 4 Used to smoke occasionally, but had quitted at the time of enumeration
- 5 Never had

G2.heahab5_T0 HEALTHY HABIT
Section: G2 Type: Numeric

Whether had a habit of consuming alcoholic drinks.

- 1 Every day
- 2 Four to six days a week
- 3 One to three days a week
- 4 Less than one day a week
- 5 Only drank in some special occasions
- 6 Used to drink, but had quitted at the time of survey
- 7 Never had

20 SECTION G3

=====

G3.sexfun1_T0 SEXUAL FUNCTION IN RELATIONSHIP CONTEXT
 Section: G3 Type: Numeric

In the past year, my partner and I share about the same level of interest in having sex.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 6 Not applicable
- 7 Refuse to answer

=====

G3.sexfun2_T0 SEXUAL FUNCTION IN RELATIONSHIP CONTEXT
 Section: G3 Type: Numeric

In the past year, my partner and I share the same sexual likes and dislikes.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 6 Not applicable
- 7 Refuse to answer

=====

G3.sexfun3_T0 SEXUAL FUNCTION IN RELATIONSHIP CONTEXT
 Section: G3 Type: Numeric

In the past year, my partner has had sexual difficulties in the past year.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 6 Not applicable
- 7 Refuse to answer

G3.sexapp1_T0

APPRAISAL OF SEX LIFE

Section: G3

Type: Numeric

In the past year, I felt satisfied with my sex life.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 6 Refuse to answer

G3.sexapp2_T0

APPRAISAL OF SEX LIFE

Section: G3

Type: Numeric

In the past year, I feel distressed or worried about my sex life.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 6 Refuse to answer

G3.sexapp3_T0

APPRAISAL OF SEX LIFE

Section: G3

Type: Numeric

I have avoided sex because of sexual difficulties, either my own or those of my partner.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 6 Refuse to answer

=====

G3.sexadv0_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

None

0 No
 1 Yes

=====

G3.sexadv1_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Family member

0 No
 1 Yes

=====

G3.sexadv2_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Friend

0 No
 1 Yes

=====

G3.sexadv3_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Online consultation

0 No
 1 Yes

G3.sexadv4_T0 SOUGHT HELP OR ADVICE
Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Information and support sites on internet

0 No
1 Yes

G3.sexadv5_T0 SOUGHT HELP OR ADVICE
Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

General practitioner

0 No
1 Yes

G3.sexadv6_T0 SOUGHT HELP OR ADVICE
Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Family doctor

0 No
1 Yes

G3.sexadv7_T0 SOUGHT HELP OR ADVICE
Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Sexual health clinic

0 No
1 Yes

=====
 G3.sexadv8_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Genitourinary clinic

0 No
 1 Yes

=====
 G3.sexadv9_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Sexually transmitted infection clinic

0 No
 1 Yes

=====
 G3.sexadv10_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Relationship counsellor

0 No
 1 Yes

=====
 G3.sexadv_oth_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Others

0 No
 1 Yes

=====
 G3.sexadv_oth_t_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Character

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Others. Please specify.

=====
 G3.sexadv_ref_T0 SOUGHT HELP OR ADVICE
 Section: G3 Type: Numeric

Have you sought help or advice regarding your sex life from any of the following sources in the last year?

Refuse to answer

0 No
 1 Yes

=====
 G3.sexrel1_T0 SEXUAL RELATIONSHIP
 Section: G3 Type: Numeric

Always find it easy to talk about sex with my partner.

1 Strongly disagree
 2 Disagree
 3 Neither agree nor disagree
 4 Agree
 5 Strongly agree
 6 Not applicable
 7 Refuse to answer

=====
 G3.sexrel2_T0 SEXUAL RELATIONSHIP
 Section: G3 Type: Numeric

Feel satisfied with my sexual relationship.

1 Strongly disagree
 2 Disagree
 3 Neither agree nor disagree
 4 Agree
 5 Strongly agree
 6 Not applicable
 7 Refuse to answer

21 SECTION H1

H1.sscemol1_T0

SPIRITUALITY - MEANING OF LIFE

Section: H1

Type: Numeric

My family gives me the strength to live.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Very often
- 5 Always

H1.sscemol2_T0

SPIRITUALITY - MEANING OF LIFE

Section: H1

Type: Numeric

I feel that life is meaningful.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Very often
- 5 Always

H1.sscemol3_T0

SPIRITUALITY - MEANING OF LIFE

Section: H1

Type: Numeric

I am full of strength to live continuously every day.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Very often
- 5 Always

H1.sscemol4_T0

SPIRITUALITY - MEANING OF LIFE

Section: H1

Type: Numeric

To me, every day is a new day.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Very often
- 5 Always

H1.sscemol5_T0

SPIRITUALITY - MEANING OF LIFE

Section: H1

Type: Numeric

I believe that I have value to live in this world.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Very often
- 5 Always

H1.sscetra1_T0

SPIRITUALITY - TRANSCENDENCE

Section: H1

Type: Numeric

I am proud of my life.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Very often
- 5 Always

 H1.sscetra2_T0

SPIRITUALITY - TRANSCENDENCE

Section: H1

Type: Numeric

I can keep pace with societal development.

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Very often
 - 5 Always
-
-

H1.sscetra3_T0

SPIRITUALITY - TRANSCENDENCE

Section: H1

Type: Numeric

I think life is full of hope.

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Very often
 - 5 Always
-
-

H1.sscetra4_T0

SPIRITUALITY - TRANSCENDENCE

Section: H1

Type: Numeric

I found my spiritual sustenance.

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Very often
 - 5 Always
-
-

H1.sscetra5_T0

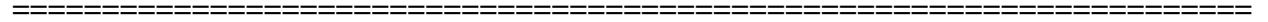
SPIRITUALITY - TRANSCENDENCE

Section: H1

Type: Numeric

Misfortunes and disasters make me cherish the people and things around me even more.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Very often
- 5 Always



H1.sscetra6_T0

SPIRITUALITY - TRANSCENDENCE

Section: H1

Type: Numeric

I know how to plan for my future.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Very often
- 5 Always

22 SECTION H2

H2.sscswb1_T0

SPIRITUAL WELL-BEING

Section: H2

Type: Numeric

Having a clear conscience

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

H2.sscswb2_T0

SPIRITUAL WELL-BEING

Section: H2

Type: Numeric

Disheartened

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

H2.sscswb3_T0

SPIRITUAL WELL-BEING

Section: H2

Type: Numeric

Peaceful

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

H2.sscswb4_T0 SPIRITUAL WELL-BEING
Section: H2 Type: Numeric

Desperate

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

H2.sscswb5_T0 SPIRITUAL WELL-BEING
Section: H2 Type: Numeric

Contented

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

H2.sscswb6_T0 SPIRITUAL WELL-BEING
Section: H2 Type: Numeric

At ease

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

H2.sscswb7_T0 SPIRITUAL WELL-BEING
Section: H2 Type: Numeric

Joyful

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

H2.sscswb8_T0

Section: H2

SPIRITUAL WELL-BEING

Type: Numeric

Others are at fault

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

23 SECTION H3

H3.phqtwo1_T0

PHQ-2

Section: H3

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Little interest or pleasure in doing things

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

H3.phqtwo2_T0

PHQ-2

Section: H3

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Feeling down, depressed or hopeless

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

24 SECTION I1

=====
 I1.fses1_T0 FINANCIAL SELF-EFFICACY
 Section: I1 Type: Numeric

It is hard to stick to my spending plan when unexpected expenses arise.

- 1 Not at all true
- 2 Hardly true
- 3 Moderately true
- 4 Exactly true

=====
 I1.fses2_T0 FINANCIAL SELF-EFFICACY
 Section: I1 Type: Numeric

It is challenging to make progress toward my financial goals.

- 1 Not at all true
- 2 Hardly true
- 3 Moderately true
- 4 Exactly true

=====
 I1.fses3_T0 FINANCIAL SELF-EFFICACY
 Section: I1 Type: Numeric

When unexpected expenses occur I usually have to use credit.

- 1 Not at all true
- 2 Hardly true
- 3 Moderately true
- 4 Exactly true

=====
 I1.fses4_T0 FINANCIAL SELF-EFFICACY
 Section: I1 Type: Numeric

When faced with a financial challenge, I have a hard time figuring out a solution.

- 1 Not at all true
- 2 Hardly true
- 3 Moderately true
- 4 Exactly true

I1.fses5_T0

FINANCIAL SELF-EFFICACY

Section: I1

Type: Numeric

I lack confidence in my ability to manage my finances.

- 1 Not at all true
- 2 Hardly true
- 3 Moderately true
- 4 Exactly true

I1.fses6_T0

FINANCIAL SELF-EFFICACY

Section: I1

Type: Numeric

I worry about running out of money in retirement.

- 1 Not at all true
- 2 Hardly true
- 3 Moderately true
- 4 Exactly true

25 SECTION I2

I2.fin0_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Refuse to answer

0 No
1 Yes

I2.fin1_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Savings

0 No
1 Yes

I2.fin2_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Stocks

0 No
1 Yes

I2.fin3_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Fund

0 No
1 Yes

I2.fin4_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Reverse mortgage

0 No
1 Yes

I2.fin5_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Mortgage

0 No
1 Yes

I2.fin6_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Loans

0 No
1 Yes

I2.fin7_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Bond

0 No
1 Yes

I2.fin8_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Credit cards

0 No
1 Yes

I2.fin9_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Life insurance

0 No
1 Yes

I2.fin10_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Medical insurance

0 No
1 Yes

I2.fin11_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Other insurance

0 No
1 Yes

I2.fin12_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Exchange traded fund

0 No
1 Yes

I2.fin13_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Investment-linked assurance scheme

0 No
1 Yes

I2.fin14_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Warrants

0 No
1 Yes

I2.fin15_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Foreign currency

0 No
1 Yes

I2.fin_oth_T0 FINANCIAL PRODUCTS
Section: I2 Type: Numeric

Financial product purchased or owned: Other product

0 No
1 Yes

I2.fin_oth_t_T0 FINANCIAL PRODUCTS
Section: I2 Type: Character

Financial product purchased or owned: Other product. Please specify.

26 SECTION I3

I3.finsat1_T0 FINANCIAL SATISFACTION
Section: I3 Type: Numeric

Please rate your satisfaction with: Regular monetary savings

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Fair
- 4 Satisfied
- 5 Very satisfied

I3.finsat2_T0 FINANCIAL SATISFACTION
Section: I3 Type: Numeric

Please rate your satisfaction with: Current debt level

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Fair
- 4 Satisfied
- 5 Very satisfied

I3.finsat3_T0 FINANCIAL SATISFACTION
Section: I3 Type: Numeric

Please rate your satisfaction with: Family's current financial situation

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Fair
- 4 Satisfied
- 5 Very satisfied

I3.finsat4_T0

FINANCIAL SATISFACTION

Section: I3

Type: Numeric

Please rate your satisfaction with: Ability to meet long-term financial goals

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Fair
- 4 Satisfied
- 5 Very satisfied

I3.finsat5_T0

FINANCIAL SATISFACTION

Section: I3

Type: Numeric

Please rate your satisfaction with: Ability to meet financial emergencies

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Fair
- 4 Satisfied
- 5 Very satisfied

I3.finsat6_T0

FINANCIAL SATISFACTION

Section: I3

Type: Numeric

Please rate your satisfaction with: Money management skills

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Fair
- 4 Satisfied
- 5 Very satisfied

27 SECTION I4

I4.subfin_T0

SUBJECTIVE FINANCIAL LITERACY

Section: I4

Type: Numeric

How would you assess your overall financial knowledge?

- 1 Very low
- 2 Quite low
- 3 Low
- 4 Fair
- 5 High
- 6 Quite High
- 7 Very high

I4.finkno1_T0

FINANCIAL KNOWLEDGE

Section: I4

Type: Numeric

Suppose you put \$100 into a ;no fee, tax free; savings account with a guaranteed interest rate of 2% per year. You don't make any further payments into this account and you don't withdraw any money. How much would be in the account at the end of the first year, once the interest payment is made?

- 1 More than \$102
- 2 \$102
- 3 Less than \$102

*Remarks: The correct answer is \$102.

I4.finkno2_T0

FINANCIAL KNOWLEDGE

Section: I4

Type: Numeric

Suppose you have a savings account with an annual interest rate of 1% and an annual inflation rate of 2%. After 1 year, you can use the money in this account to buy

- 1 More than the current state
- 2 Exactly the same as the current state
- 3 Less than the current state

*Remarks: The correct answer is Less than the current state.

I4.finkno3_T0

FINANCIAL KNOWLEDGE

Section: I4

Type: Numeric

Buying shares of an independent company often provides safer returns than buying mutual funds.

1 True

2 False

*Remarks: The correct answe is False.

28 SECTION J1

J1.MO_T0

EQ5D5L

Section: J1

Type: Numeric

Under each heading, please choose ONE answer that best describes your health TODAY.

MOBILITY

- 1 I have no problems in walking about
- 2 I have slight problems in walking about
- 3 I have moderate problems in walking about
- 4 I have severe problems in walking about
- 5 I am unable to walk about

J1.SC_T0

EQ5D5L

Section: J1

Type: Numeric

Under each heading, please choose ONE answer that best describes your health TODAY.

SELF-CARE

- 1 I have no problems washing or dressing myself
- 2 I have slight problems washing or dressing myself
- 3 I have moderate problems washing or dressing myself
- 4 I have severe problems washing or dressing myself
- 5 I am unable to wash or dress myself

J1.UA_T0

EQ5D5L

Section: J1

Type: Numeric

Under each heading, please choose ONE answer that best describes your health TODAY. **USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*)

- 1 I have no problems doing my usual activities
- 2 I have slight problems doing my usual activities
- 3 I have moderate problems doing my usual activities
- 4 I have severe problems doing my usual activities
- 5 I am unable to do my usual activities

J1.PD_T0

EQ5D5L

Section: J1

Type: Numeric

Under each heading, please choose ONE answer that best describes your health TODAY. **PAIN / DISCOMFORT**

- 1 I have no pain or discomfort
- 2 I have slight pain or discomfort
- 3 I have moderate pain or discomfort
- 4 I have severe pain or discomfort
- 5 I have extreme pain or discomfort

J1.AD_T0

EQ5D5L

Section: J1

Type: Numeric

Under each heading, please choose ONE answer that best describes your health TODAY. **ANXIETY / DEPRESSION**

- 1 I am not anxious or depressed
- 2 I am slightly anxious or depressed
- 3 I am moderately anxious or depressed
- 4 I am severely anxious or depressed
- 5 I am extremely anxious or depressed

J1.eq5d_VAS_T0
Section: J1

EQ5D5L
Type: Numeric

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today

Best imaginable health state



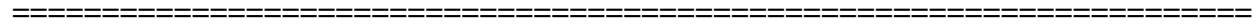
Worst imaginable health state

29 SECTION K1

=====
K1.yyofbirth_T0 BIRTH
Section: K1 Type: Numeric
Year of birth

=====
K1.mmofbirth_T0 BIRTH
Section: K1 Type: Numeric
Month of birth

30 SECTION K2



K2.gender_T0
Section: K2

GENDER
Type: Numeric

Gender

- 1 Male
- 2 Female

31 SECTION K3

K3.district_T0

Section: K3

DISTRICT

Type: Numeric

District

- 1 Kwai Tsing
- 2 Tsuen Wan
- 3 Yuen Long
- 4 Tuen Mun
- 5 North
- 6 Tai Po
- 7 Sha Tin
- 8 Sai Kung
- 9 Islands
- 10 Yau Tsim Mong
- 11 Sham Shui Po
- 12 Kowloon City
- 13 Wong Tai Sin
- 14 Kwun Tong
- 15 Central and Western
- 16 Wan Chai
- 17 Eastern
- 18 Southern

K3.estate_T0

Section: K3

ESTATE

Type: Numeric

Estate

- 1 Estate
- 2 Refuse to answer

K3.estate_t.T0

Section: K3

ESTATE

Type: Character

Estate. Please specify.

32 SECTION K4

K4.marital_T0

Section: K4

MARITAL STATUS

Type: Numeric

Marital status

- 1 Single
- 2 Married
- 3 Partnership
- 4 Widowed
- 5 Separated
- 6 Divorced
- 7 Cohabitated

K4.spoemp_T0

Section: K4

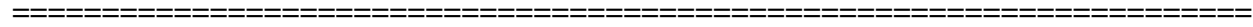
EMPLOYMENT STATUS OF SPOUSE

Type: Numeric

Employment status of spouse

- 1 Employed
- 2 Unemployed
- 3 Retired
- 4 Family caregiving

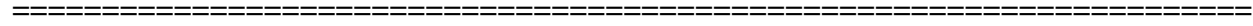
33 SECTION K5



K5.housing_T0 HOUSING
Section: K5 Type: Numeric

Housing

- 1 Public housing
- 2 Private housing
- 3 Rental
- 4 Subsidized housing
- 5 Senior housing
- 6 Others



K5.housing_t_T0 HOUSING
Section: K5 Type: Character

Housing. Please specify.

34 SECTION K6

=====
K6.liv_alo_T0 LIVING ARRANGEMENT
Section: K6 Type: Numeric

Living arrangement: Living alone

0 No
1 Yes

=====
K6.liv_spo_T0 LIVING ARRANGEMENT
Section: K6 Type: Numeric

Living arrangement: Living with spouse

0 No
1 Yes

=====
K6.liv_chi_T0 LIVING ARRANGEMENT
Section: K6 Type: Numeric

Living arrangement: Living with child(ren)

0 No
1 Yes

=====
K6.liv_cil_T0 LIVING ARRANGEMENT
Section: K6 Type: Numeric

Living arrangement: Living with child(ren) in law

0 No
1 Yes

K6.liv_gch_T0 LIVING ARRANGEMENT
Section: K6 Type: Numeric

Living arrangement: Living with grandchild(ren)

0 No
1 Yes

K6.liv_rel_T0 LIVING ARRANGEMENT
Section: K6 Type: Numeric

Living arrangement: Living with relatives

0 No
1 Yes

K6.liv_frd_T0 LIVING ARRANGEMENT
Section: K6 Type: Numeric

Living arrangement: Living with friend(s)

0 No
1 Yes

K6.liv_fdh_T0 LIVING ARRANGEMENT
Section: K6 Type: Numeric

Living arrangement: Living with domestic helper(s)

0 No
1 Yes



K6.liv_oth_T0 LIVING ARRANGEMENT
Section: K6 Type: Numeric

Living arrangement: Others

- 0 No
- 1 Yes



K6.liv_oth_t_T0 LIVING ARRANGEMENT
Section: K6 Type: Character

Living arrangement: Others. Please specify.

35 SECTION K7

=====
 K7.fin_no_T0 FINANCIAL SOURCES
 Section: K7 Type: Numeric

Financial resources (monthly): None

0 No
 1 Yes

=====
 K7.fin_inv_T0 FINANCIAL SOURCES
 Section: K7 Type: Numeric

Financial resources (monthly): Investment

0 No
 1 Yes

=====
 K7.fin_sav_T0 FINANCIAL SOURCES
 Section: K7 Type: Numeric

Financial resources (monthly): Savings or pension

0 No
 1 Yes

=====
 K7.fin_fam_T0 FINANCIAL SOURCES
 Section: K7 Type: Numeric

Financial resources (monthly): Support from family, relatives, or friends

0 No
 1 Yes

K7.fin_sal_T0 FINANCIAL SOURCES
 Section: K7 Type: Numeric

Financial resources (monthly): Salary

0 No
 1 Yes

K7.fin_gov_T0 FINANCIAL SOURCES
 Section: K7 Type: Numeric

Financial resources (monthly): Financial assistance or subsidies (*e.g., Comprehensive Social Security Assistance, Old Age Living Allowance, Disability Allowance, Old Age Allowance, Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families*)

0 No
 1 Yes

K7.fin_oth_T0 FINANCIAL SOURCES
 Section: K7 Type: Numeric

Financial resources (monthly): Others

0 No
 1 Yes

K7.fin_oth_t.T0 FINANCIAL SOURCES
 Section: K7 Type: CHaracter

Financial resources (monthly): Others. Please specify.

36 SECTION K8



K8.edu_T0
Section: K8

EDUCATION
Type: Numeric

Education level (highest)

- 0 No formal education
- 1 Primary
- 2 Secondary
- 3 Higher diploma or above

37 SECTION L1

=====

L1.adl1_T0 ACTIVITIES OF DAILY LIVING
 Section: L1 Type: Numeric

Ambulation

- 1 Entirely free
- 2 Assist by sticks
- 3 Assist by quad cane
- 4 Assist by walking frame
- 5 Assist by others
- 6 Cannot walk but can use wheelchair
- 7 Wheelchair bound
- 8 Bed bound

=====

L1.adl2_T0 ACTIVITIES OF DAILY LIVING
 Section: L1 Type: Numeric

Stair climbing

- 1 Entirely free
- 2 Need assistance
- 3 Cannot perform
- 4 Not sure
- 5 Not applicable

=====

L1.adl3_T0 ACTIVITIES OF DAILY LIVING
 Section: L1 Type: Numeric

Feeding

- 1 Entirely free
- 2 Need assistance
- 3 Cannot perform
- 4 Not sure
- 5 Not applicable

L1.adl4_T0

ACTIVITIES OF DAILY LIVING

Section: L1

Type: Numeric

Dressing

- 1 Entirely free
- 2 Need assistance
- 3 Cannot perform
- 4 Not sure
- 5 Not applicable

L1.adl5_T0

ACTIVITIES OF DAILY LIVING

Section: L1

Type: Numeric

Personal hygiene

- 1 Entirely free
- 2 Need assistance
- 3 Cannot perform
- 4 Not sure
- 5 Not applicable

L1.adl6_T0

ACTIVITIES OF DAILY LIVING

Section: L1

Type: Numeric

Chair / bed transfers

- 1 Entirely free
- 2 Need assistance
- 3 Cannot perform
- 4 Not sure
- 5 Not applicable

L1.adl10_T0

ACTIVITIES OF DAILY LIVING

Section: L1

Type: Numeric

Bowel control

- 1 Entirely free
- 2 Sometimes
- 3 Incontinent
- 4 Not sure
- 5 Not applicable

38 SECTION L2

L2.iadl1.T0

Section: L2

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Type: Numeric

Ability to use telephone

- 1 Entirely free
- 2 Need assistance
- 3 Totally dependent
- 4 Not sure
- 5 Not applicable

L2.iadl2.T0

Section: L2

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Type: Numeric

Shopping

- 1 Entirely free
- 2 Need assistance
- 3 Totally dependent
- 4 Not sure
- 5 Not applicable

L2.iadl3.T0

Section: L2

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Type: Numeric

Food preparation

- 1 Entirely free
- 2 Need assistance
- 3 Totally dependent
- 4 Not sure
- 5 Not applicable

L2.iadl4_T0

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Section: L2

Type: Numeric

Housekeeping

- 1 Entirely free
- 2 Need assistance
- 3 Totally dependent
- 4 Not sure
- 5 Not applicable

L2.iadl5_T0

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Section: L2

Type: Numeric

Laundry

- 1 Entirely free
- 2 Need assistance
- 3 Totally dependent
- 4 Not sure
- 5 Not applicable

L2.iadl6_T0

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Section: L2

Type: Numeric

Transportation

- 1 Entirely free
- 2 Need assistance
- 3 Totally dependent
- 4 Not sure
- 5 Not applicable

L2.iadl7.T0

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Section: L2

Type: Numeric

Responsibility for own medications

- 1 Entirely free
- 2 Need assistance
- 3 Totally dependent
- 4 Not sure
- 5 Not applicable

L2.iadl8.T0

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Section: L2

Type: Numeric

Ability to handle finances

- 1 Entirely free
- 2 Need assistance
- 3 Totally dependent
- 4 Not sure
- 5 Not applicable

39 SECTION M1

=====
 M1.phq1_T0

PHQ-9

Section: M1

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Little interest or pleasure in doing things

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

=====
 M1.phq2_T0

PHQ-9

Section: M1

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Feeling down, depressed or hopeless

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

=====
 M1.phq3_T0

PHQ-9

Section: M1

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Trouble falling asleep, staying asleep, or sleeping too much

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

M1.phq4_T0

PHQ-9

Section: M1

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Feeling tired or having little energy

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

M1.phq5_T0

PHQ-9

Section: M1

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Poor appetite or overeating

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

M1.phq6_T0

PHQ-9

Section: M1

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Feeling bad about yourself - or that you're a failure or have let yourself or your family down

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

M1.phq7_T0

PHQ-9

Section: M1

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Trouble concentrating on things, such as reading the newspaper or watching television

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

M1.phq8_T0

PHQ-9

Section: M1

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

M1.phq9_T0

PHQ-9

Section: M1

Type: Numeric

Over the last 2 weeks, how often have you been bothered by the following problems? Thoughts that you would be better off dead or of hurting yourself in some way

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day